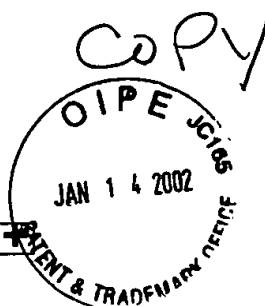


BAKER BOTTS LLP

Please type a plus sign (+) inside this box →



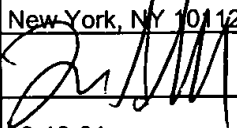
RECEIVED

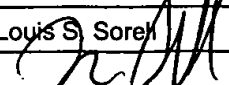
JAN 22 2002

TECH CENTER 16002900

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/598,274	
	Filing Date	6-21-00	
	First Named Inventor	Christopher J. Wraight	
	Group Art Unit	1635	
	Examiner Name	K. Lacourciere	
Total Number of Pages in This Submission	17	Attorney Docket Number	AP32556-071838.0125

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	BakerBotts LLP 30 Rockefeller Plaza New York, NY 10112
Signature	 Att Name: Louis S. Sorell PTO Reg: 32,439
Date	10-18-01

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 10-18-01	
Typed or printed name	Louis S. Sorell
Signature	
Date	10-18-01

BAKER BOTTS LLP

Attorney Docket Number: AP32556-071838.0125

Title:

METHOD FOR THE PROPHYLAXIS AND/OR TREATMENT OF MEDICAL DISORDERS

Use Space Below for Additional Information:



RECEIVED
JAN 22 2002
TECH CENTER 1600/2900

BAKER BOTTS LLP

RECEIVED
JAN 22 2002
TECH CENTER 1600-2500

FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

Complete if Known

Application Number	09/598,274
Filing Date	6-21-00
First Named Inventor	Christopher J. Wraight
Examiner Name	K. Lacourciere
Group Art Unit	1635
Attorney Docket No.	AP32556-071838.0125

TOTAL AMOUNT OF PAYMENT (\$) 400
METHOD OF PAYMENT

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number

02-4377

Deposit Account Name

Baker Botts LLP

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

- ☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ **Payment Enclosed:**

- ☒ Check ☐ Credit card ☐ Money Order ☐ Other

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity Small Entity

Fee (\$)	Fee (\$)	Fee Description	Fee Paid
740	370	Utility filing fee	
330	165	Design filing fee	
510	255	Plant filing fee	
740	370	Reissue filing fee	
160	80	Provisional filing fee	

SUBTOTAL (1) (\$ 0)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
20	0	0	0
3	0	0	0
Multiple Dependent			

Large Entity Small Entity

Fee (\$)	Fee (\$)	Fee Description
18	9	Claims in excess of 20
84	42	Independent claims in excess of 3
280	140	Multiple dependent claim, if not paid
84	42	** Reissue independent claims over original patent
18	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	For filing a request for ex parte reexamination	
920*	920*	Requesting publication of SIR prior to Examiner action	
1,840*	1,840*	Requesting publication of SIR after Examiner action	
110	55	Extension for reply within first month	400
400	200	Extension for reply within second month	
920	460	Extension for reply within third month	
1,440	720	Extension for reply within fourth month	
1,960	980	Extension for reply within fifth month	
320	160	Notice of Appeal	
320	160	Filing a brief in support of an appeal	
280	140	Request for oral hearing	
1,510	1,510	Petition to institute a public use proceeding	
110	55	Petition to revive - unavoidable	
1,280	640	Petition to revive - unintentional	
1,280	640	Utility issue fee (or reissue)	
460	230	Design issue fee	
620	310	Plant issue fee	
130	130	Petitions to the Commissioner	
50	50	Processing fee under 37 CFR 1.17(q)	
180	180	Submission of Information Disclosure Stmt	
40	40	Recording each patent assignment per property (times number of properties)	
740	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
740	370	For each additional invention to be examined (37 CFR § 1.129(b))	
740	370	Request for Continued Examination (RCE)	
900	900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 400)

SUBMITTED BY

Name (Print/Type)	Louis S. Sorell	Registration No. (Attorney/Agent)	32,439	Telephone	212-408-2620
Signature		Date	10-18-01		

Complete (if applicable)

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.